

AGENCY NAME:	County Transportation Funds		
AGENCY CODE:	U20	SECTION:	86



Fiscal Year 2014-15 Agency Budget Plan

FORM A – SUMMARY

RECURRING FUNDS (FORM B DECISION PACKAGES)	My agency is submitting the following recurring decision packages (Form B): 449, 513,516, 519, 1072	
	For FY 2014-15, my agency is (mark "X"):	
	<input type="checkbox"/>	Requesting a net increase in recurring General Fund appropriations.
	<input checked="" type="checkbox"/>	Not requesting a net increase in recurring General Fund Appropriations.

CAPITAL & NON-RECURRING FUNDS (FORM C DECISION PACKAGES)	My agency is submitting the following one-time decision packages (Form C):	
	For FY 2014-15, my agency is (mark "X"):	
	<input type="checkbox"/>	Requesting capital and/or non-recurring funds.
	<input checked="" type="checkbox"/>	Not requesting capital and/or non-recurring funds.

PROVISOS	For FY 2014-15, my agency is (mark "X"):	
	<input type="checkbox"/>	Requesting a new proviso and/or substantive changes to existing provisos.
	<input type="checkbox"/>	Only requesting technical proviso changes (such as date references).
	<input checked="" type="checkbox"/>	Not requesting any proviso changes.

Please identify your agency's preferred contacts for this year's budget process.

	<u>Name</u>	<u>Phone</u>	<u>Email</u>
PRIMARY CONTACT:	Christy Hall	737-1240	hallca@scdot.org
SECONDARY CONTACT:	Wendy Nicholas	737-0885	nicholaswb@scdot.org

I have reviewed and approved the enclosed FY 2014-15 Agency Budget Plan, which is complete and accurate to the extent of my knowledge.

AGENCY DIRECTOR (SIGN/DATE):	
AGENCY DIRECTOR (TYPE/PRINT NAME):	Robert J. St. Onge, Jr.

This form must be signed by the department head – not a delegate.

AGENCY NAME:	County Transportation Funds		
AGENCY CODE:	U20	SECTION:	86



Fiscal Year 2014-15 Agency Budget Plan

FORM A – SUMMARY

RECURRING FUNDS (FORM B DECISION PACKAGES)	My agency is submitting the following recurring decision packages (Form B):	
	For FY 2014-15, my agency is (mark "X"):	
	<input type="checkbox"/>	Requesting a net increase in recurring General Fund appropriations.
	<input checked="" type="checkbox"/>	Not requesting a net increase in recurring General Fund Appropriations.

CAPITAL & NON-RECURRING FUNDS (FORM C DECISION PACKAGES)	My agency is submitting the following one-time decision packages (Form C): 449, 513,516, 519, 1072	
	For FY 2014-15, my agency is (mark "X"):	
	<input type="checkbox"/>	Requesting capital and/or non-recurring funds.
	<input checked="" type="checkbox"/>	Not requesting capital and/or non-recurring funds.

PROVISOS	For FY 2014-15, my agency is (mark "X"):	
	<input type="checkbox"/>	Requesting a new proviso and/or substantive changes to existing provisos.
	<input type="checkbox"/>	Only requesting technical proviso changes (such as date references).
	<input checked="" type="checkbox"/>	Not requesting any proviso changes.

Please identify your agency's preferred contacts for this year's budget process.

	<u>Name</u>	<u>Phone</u>	<u>Email</u>
PRIMARY CONTACT:	Christy Hall	737-1240	hallca@scdot.org
SECONDARY CONTACT:	Wendy Nicholas	737-0885	nicholaswb@scdot.org

I have reviewed and approved the enclosed FY 2014-15 Agency Budget Plan, which is complete and accurate to the extent of my knowledge.

AGENCY DIRECTOR (SIGN/DATE):	
AGENCY DIRECTOR (TYPE/PRINT NAME):	Robert J. St. Onge, Jr.

This form must be signed by the department head – not a delegate.

AGENCY NAME:	County Transportation Fund		
AGENCY CODE:	U20	SECTION:	86

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	449
-------------------------	------------

Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Permanent Improvement Increase (507)
--------------	---

Provide a brief, descriptive title for this request.

AMOUNT	1,500,000
---------------	------------------

What is the net change in requested appropriations for FY 2014-15? This amount should correspond to the decision package's total in PBF across all funding sources.

ENABLING AUTHORITY	Section 12-28-2740. No.
---------------------------	----------------------------

What state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority?

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:
	<input type="checkbox"/> Change in cost of providing current services to existing program audience.
	<input type="checkbox"/> Non-mandated change in eligibility / enrollment for existing program.
	<input type="checkbox"/> Change in case load / enrollment under existing program guidelines.
	<input checked="" type="checkbox"/> Non-mandated program change in service levels or areas.
	<input type="checkbox"/> Loss of federal or other external financial support for existing program.
	<input type="checkbox"/> Exhaustion of fund balances previously used to support program.
<input type="checkbox"/> Proposed establishment of a new program or initiative.	

RECIPIENTS OF FUNDS	Counties participating in the CTC program.
----------------------------	--

What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

AGENCY NAME:	County Transportation Fund		
AGENCY CODE:	U20	SECTION:	86

RELATED REQUEST(S)	513,516,519
---------------------------	-------------

Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?

MATCHING FUNDS	No.
-----------------------	-----

Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.

FUNDING ALTERNATIVES	None identified.
-----------------------------	------------------

What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.

SUMMARY	To support the agency's ongoing efforts to increase County Transportation Council (CTC) entities' participation in projects geared toward improving the state's highway system.
----------------	---

Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used?

AGENCY NAME:	County Transportation Fund		
AGENCY CODE:	U20	SECTION:	86

METHOD OF CALCULATION	<p>Amounts based on estimated level of participation. Higher than expected participation could increase expenses; however, existing revenues would be sufficient to cover these costs.</p>
------------------------------	--

How was the amount of the request calculated? What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?

FUTURE IMPACT	<p>No.</p>
----------------------	------------

Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?

PRIORITIZATION	<p>Priorities are established at the local level.</p>
-----------------------	---

If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2014-15?

AGENCY NAME:	County Transportation Fund		
AGENCY CODE:	U20	SECTION:	86

INTENDED IMPACT	<p>Increased participation within the CTC program should have a positive impact on the delivery of roadway improvements statewide.</p>
------------------------	--

What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?

PROGRAM EVALUATION	<p>Performance measured by level of participation.</p>
---------------------------	--

How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?

AGENCY NAME:	County Transportation Fund		
AGENCY CODE:	U20	SECTION:	86

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	513
-------------------------	------------

Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	CTC: Other Operating Revision
--------------	--------------------------------------

Provide a brief, descriptive title for this request.

AMOUNT	-500,000
---------------	-----------------

What is the net change in requested appropriations for FY 2014-15? This amount should correspond to the decision package's total in PBF across all funding sources.

ENABLING AUTHORITY	Section 12-28-2740. No.
---------------------------	----------------------------

What state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority?

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:
	<input type="checkbox"/> Change in cost of providing current services to existing program audience.
	<input type="checkbox"/> Non-mandated change in eligibility / enrollment for existing program.
	<input type="checkbox"/> Change in case load / enrollment under existing program guidelines.
	<input checked="" type="checkbox"/> Non-mandated program change in service levels or areas.
	<input type="checkbox"/> Loss of federal or other external financial support for existing program.
	<input type="checkbox"/> Exhaustion of fund balances previously used to support program.
<input type="checkbox"/> Proposed establishment of a new program or initiative.	

RECIPIENTS OF FUNDS	N/A
----------------------------	-----

What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

AGENCY NAME:	County Transportation Fund		
AGENCY CODE:	U20	SECTION:	86

RELATED REQUEST(S)	449,516,519
---------------------------	-------------

Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?

MATCHING FUNDS	No.
-----------------------	-----

Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.

FUNDING ALTERNATIVES	None identified.
-----------------------------	------------------

What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.

SUMMARY	To align forecasted expenditures with actual expenditures.
----------------	--

Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used?

AGENCY NAME:	County Transportation Fund		
AGENCY CODE:	U20	SECTION:	86

METHOD OF CALCULATION	<p>Amounts based actual expenditures. Higher than expected expenditures could occur; however, existing revenues would be sufficient to cover these costs.</p>
------------------------------	---

How was the amount of the request calculated? What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?

FUTURE IMPACT	<p>No. N/A</p>
----------------------	--------------------

Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?

PRIORITIZATION	<p>Priorities are established at the local level.</p>
-----------------------	---

If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2014-15?

AGENCY NAME:	County Transportation Fund		
AGENCY CODE:	U20	SECTION:	86

INTENDED IMPACT	An overall increase in participation within the CTC program should have a positive impact on the delivery of roadway improvement projects.
------------------------	--

What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?

PROGRAM EVALUATION	Performance measured by the overall level of participation.
---------------------------	---

How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?

AGENCY NAME:	County Transportation Fund		
AGENCY CODE:	U20	SECTION:	86

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	516
-------------------------	-----

Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	CTC: Allocations to Municipalities Revision
--------------	---

Provide a brief, descriptive title for this request.

AMOUNT	-3,000,000
---------------	------------

What is the net change in requested appropriations for FY 2014-15? This amount should correspond to the decision package's total in PBF across all funding sources.

ENABLING AUTHORITY	Section 12-28-2740. No.
---------------------------	----------------------------

What state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority?

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:
	<input type="checkbox"/> Change in cost of providing current services to existing program audience.
	<input type="checkbox"/> Non-mandated change in eligibility / enrollment for existing program.
	<input type="checkbox"/> Change in case load / enrollment under existing program guidelines.
	<input checked="" type="checkbox"/> Non-mandated program change in service levels or areas.
	<input type="checkbox"/> Loss of federal or other external financial support for existing program.
	<input type="checkbox"/> Exhaustion of fund balances previously used to support program.
<input type="checkbox"/> Proposed establishment of a new program or initiative.	

RECIPIENTS OF FUNDS	Municipalities participating in CTC projects.
----------------------------	---

What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

AGENCY NAME:	County Transportation Fund		
AGENCY CODE:	U20	SECTION:	86

RELATED REQUEST(S)	449,513,519
---------------------------	-------------

Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?

MATCHING FUNDS	No.
-----------------------	-----

Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.

FUNDING ALTERNATIVES	Locally generated funds for municipal projects.
-----------------------------	---

What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.

SUMMARY	To align program expenditures with planned allocations to municipalities.
----------------	---

Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used?

AGENCY NAME:	County Transportation Fund		
AGENCY CODE:	U20	SECTION:	86

METHOD OF CALCULATION	<p>Amounts based actual expenditures. Higher than expected expenditures could occur; however, existing revenues would be sufficient to cover these costs.</p>
------------------------------	---

How was the amount of the request calculated? What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?

FUTURE IMPACT	<p>No. N/A.</p>
----------------------	---------------------

Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?

PRIORITIZATION	<p>Priorities are established at the local level.</p>
-----------------------	---

If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2014-15?

AGENCY NAME:	County Transportation Fund		
AGENCY CODE:	U20	SECTION:	86

INTENDED IMPACT	An overall increase in participation within the CTC program should have a positive impact on the delivery of roadway improvement projects.
------------------------	--

What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?

PROGRAM EVALUATION	Performance measured by level of participation.
---------------------------	---

How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?

AGENCY NAME:	County Transportation Fund		
AGENCY CODE:	U20	SECTION:	86

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	519
-------------------------	-----

Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	CTC: Allocations to Counties Revision
--------------	---------------------------------------

Provide a brief, descriptive title for this request.

AMOUNT	5,000,000
---------------	-----------

What is the net change in requested appropriations for FY 2014-15? This amount should correspond to the decision package's total in PBF across all funding sources.

ENABLING AUTHORITY	Section 12-28-2740. No.
---------------------------	----------------------------

What state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority?

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:
	<input type="checkbox"/> Change in cost of providing current services to existing program audience.
	<input type="checkbox"/> Non-mandated change in eligibility / enrollment for existing program.
	<input type="checkbox"/> Change in case load / enrollment under existing program guidelines.
	<input checked="" type="checkbox"/> Non-mandated program change in service levels or areas.
	<input type="checkbox"/> Loss of federal or other external financial support for existing program.
	<input type="checkbox"/> Exhaustion of fund balances previously used to support program.
<input type="checkbox"/> Proposed establishment of a new program or initiative.	

RECIPIENTS OF FUNDS	Counties participating in CTC projects.
----------------------------	---

What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

AGENCY NAME:	County Transportation Fund		
AGENCY CODE:	U20	SECTION:	86

RELATED REQUEST(S)	449,513,516
---------------------------	-------------

Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?

MATCHING FUNDS	No.
-----------------------	-----

Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.

FUNDING ALTERNATIVES	Locally generated funds for county projects.
-----------------------------	--

What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.

SUMMARY	Adjusted to increase programmed allocations to counties in line with actual expenditures.
----------------	---

Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used?

AGENCY NAME:	County Transportation Fund		
AGENCY CODE:	U20	SECTION:	86

METHOD OF CALCULATION	<p>Amounts based on actual expenditures. Higher than expected participation could increase expenses; however, existing revenues would be sufficient to cover these costs.</p>
------------------------------	---

How was the amount of the request calculated? What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?

FUTURE IMPACT	<p>No. N/A</p>
----------------------	--------------------

Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?

PRIORITIZATION	<p>Priorities are established at the local levels.</p>
-----------------------	--

If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2014-15?

AGENCY NAME:	County Transportation Fund		
AGENCY CODE:	U20	SECTION:	86

INTENDED IMPACT	<p>Increased county allocations should have a positive impact on the delivery of roadway improvements statewide.</p>
------------------------	--

What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?

PROGRAM EVALUATION	<p>Performance measured by level of participation.</p>
---------------------------	--

How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?

AGENCY NAME:	County Transportation Fund		
AGENCY CODE:	U20	SECTION:	86

FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	1072
-------------------------	------

Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	CTC: Revenue Adjustment:4936
--------------	------------------------------

Provide a brief, descriptive title for this request.

AMOUNT	-500,000
---------------	----------

What is the net change in requested appropriations for FY 2014-15? This amount should correspond to the decision package's total in PBF across all funding sources.

ENABLING AUTHORITY	Section 12-28-2740. No.
---------------------------	----------------------------

What state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority?

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:
	<input type="checkbox"/> Change in cost of providing current services to existing program audience.
	<input type="checkbox"/> Non-mandated change in eligibility / enrollment for existing program.
	<input type="checkbox"/> Change in case load / enrollment under existing program guidelines.
	<input checked="" type="checkbox"/> Non-mandated program change in service levels or areas.
	<input type="checkbox"/> Loss of federal or other external financial support for existing program.
	<input type="checkbox"/> Exhaustion of fund balances previously used to support program.
<input type="checkbox"/> Proposed establishment of a new program or initiative.	

RECIPIENTS OF FUNDS	N/A
----------------------------	-----

What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

AGENCY NAME:	County Transportation Fund		
AGENCY CODE:	U20	SECTION:	86

RELATED REQUEST(S)	No.
---------------------------	-----

Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?

MATCHING FUNDS	N/A
-----------------------	-----

Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.

FUNDING ALTERNATIVES	None needed.
-----------------------------	--------------

What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.

SUMMARY	Adjusted to reflect CTC donor bonus set at 9.5M annually transferred from SCDOT to qualified CTC participants.
----------------	--

Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used?

AGENCY NAME:	County Transportation Fund		
AGENCY CODE:	U20	SECTION:	86

METHOD OF CALCULATION	Amount adjusted to reflect actual CTC donor bonus amount.
------------------------------	---

How was the amount of the request calculated? What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?

FUTURE IMPACT	No.
----------------------	-----

Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?

PRIORITIZATION	N/A
-----------------------	-----

If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2014-15?

AGENCY NAME:	County Transportation Fund		
AGENCY CODE:	U20	SECTION:	86

INTENDED IMPACT	No impact to service delivery or program outcomes.
------------------------	--

What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?

PROGRAM EVALUATION	N/A
---------------------------	-----

How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?